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OPEN REDUCTION AND INTERNAL FIXATION, SEPTOPLASTY, AND TURBINOPLASTY

WHY DO I NEED SURGERY?

When your nose is broken either by trauma or as a result of the birth process in infants, this will be repaired either by open reduction and internal fixation or septoplasty. Often, the turbinates also need to be reduced in size. The purpose of this surgery is to help you breathe better.

WHAT HAPPENS DURING SURGERY?

The surgery is usually performed under general anesthesia. Aft first, the patient is given general anesthesia and then an injection is made of the septum and the bone area. The turbinates are injected with local anesthesia. After this, the septal cartilage is either realigned or removed, depending on the strength of the septum. Sutures will be placed to achieve a nice, straight septum. In most cases, the turbinates also need to be reduced because they often change in size and thus may require modification during surgery.

WHAT TO EXPECT AFTER SURGERY?

The recovery period depends on the extent of the operation. Generally, seven days of a medical leave of absence is recommended. In some patients, we have extended the suggested medical leave to two weeks due to pain or complications that may arise during the surgery. Most patients do return to work between two and four weeks after surgery.

WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?

Possible complications include perforation of the septum, which may produce a whistling noise after surgery. When the weakened cartilage is crooked, often it makes the tissue around the area weak, resulting in a septal perforation. If the symptoms are significant enough, repair of this may be required at a later date. Another possible complication is called saddle nose deformity. This complication may occur when upon removing the deformed septum to improve breathing capabilities, the top part of the nasal dorsum collapses. You may have seen this in boxers with a depression right above the nasal tip. It is impossible to predict what the cosmetic appearance will be prior to removing the septal cartilage. If the cartilage collapses during the surgery, we can implant a piece of cartilage to make the appearance look more normal. If a saddle nose deformity occurs during surgery, it is best to correct this immediately, during the current procedure. Hemorrhage and constant clot formation is another possible complication. This may occur during or after surgery. The clot may present as a scab-like formation and bleed may recur. This would require further surgery. The spring-like nature of the septum may also cause a recurrence of the deviated septum, requiring additional surgery.

Generally, packing is placed inside the nose for about seven to ten days. It will be removed when you return for a postoperative visit. Most people are pain-free from the original surgery and do not require pain medication for this. However, as a precaution, we will prescribe a painkiller to help with any discomfort you may experience.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery. Please bring a family member or friend with you to your preoperative visit. **THIS IS MANDATORY.** Please sign and return this form to our office when you come for your preoperative visit.

Respectfully yours,

JAMES J. LEE, M.D., F.A.C.S.

I understand the above information and consent to the surgery.

Patient Signature

Patient Name-Printed

Date